

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>			
<b>FORMALITY REVIEW</b>	DW	7234	48 3/16/00 57-00
<b>RESPONSE FORMALITY REVIEW</b>			

BEST AVAILABLE COPY

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted 0 ..... Objected

Claim	Date
Final	
Original	
1 8-25-03	
2 ✓ 3-29-04	
3 ✓	
4 ✓	
5 ✓	
6 ✓	
7 ✓	
8 ✓	
9 ✓	
10 ✓	
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14 ✓	
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42 ✓	
43 ✓	
44 ✓	
45 ✓	
46 ✓	
47 ✓	
48 ✓	
49 ✓ N	
50 N	

Claim	Date
Final	
Original	
58 ✓ 8-25-03	
59 N	
60 N	
61 N	
62 N	
63 N	
64 N	
65 N	
66 N	
67 N	
68 N	
69 N	
70 N	
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100 N	

Claim	Date
Final	
Original	
101 N	
102 N	
103 N	
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105 N	
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107 N	
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If more than 150 claims or 10 actions  
staple additional sheet here

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